

DISTANCE LEARNING PROGRAMS 2011-2012 School Year

DUE DATES:

To County Superintendent: Tuesday 10/18/2011

County:	
District:	Le:
School:	 Sc:

o Office of Public Instruction, Accreditation Division: uesday 10/25/2011				District: School:			Le: Sc:		
	quire	nnual report will pr ments of 10.55.907							
		utilize distance lear or high school gradu						jram	
f YES to Qu	estio	n 1:							
2. Does the o	district	provide a facilitator	in accordance wi	ith the	standard – 10.55	5.907(3)(c))?		
4. Provide the	e follo ecord eiving	provide training for wing information for for each provider or from that provider o	all providers the coordinating enti	distric	ct is currently usin	g. tricts). List	t all the cour	rses the	
Entity	Address Phone		Phone	e Email		City, State, Zip			
s this provid		coordinating entity re	gistered with the		Number of Stud	,	5)(a-e)?		
Entity	tity Address Phor		Phone	E	mail	City, State, Zip			
Is this prov	ider o	r coordinating entity	registered with th	ne OP	I pursuant to – 10	-55-9078	(5)(a-e)?		
	Course Name Grade L		evel	Number of Stud	lents				
							1		



Distance Lea	rning Page 2				County: District: School:		Le:	
4. Continued								
Entity	Address	Phon	ne	Email		City,	City, State, Zip	
Is this provid	er or coordinating	entity registere	ed with the	OPI p	oursuant to –	- 10-55-907	78 (5)(a-e)?	
	Course Name		Grade L	evel	Number of	Students		
Montana? If yes to ques 6. Provide the	ict a provider of di stion 5: e following informa ecord for each sch	ation for all sch	nools curre			g for other s	school districts in	Yes/No
District Name	District Name			School being served				
		Teacher's Fo	Teacher's Folio Number		t		Does offering comply with teacher load requirements of ARM 10.55.7.13(3) Y/N	
District Name				School being served				
Course Nam	urse Name Teac Numb		olio	Grad	de Level(s)	Does offering comply with teacher load requirements ARM 10.55.7.13(3) Y/N		of